



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

| | |
|------------------------|------------|
| Application Number | 09/852589 |
| Filing Date | 5-10-01 |
| First Named Inventor | Fey |
| Group Art Unit | 2164 |
| Examiner Name | |
| Attorney Docket Number | HSA-102XC1 |

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Technology Center 2100To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has failed to pay the Attorneys of record for services rendered despite numerous requests resulting in an unreasonable financial burden on Attorneys. Applicant was notified by certified mail on January 4, 2002 of Attorneys' intent to withdraw. Additional letters regarding withdrawal were transmitted to Applicant on January 7, 2002, February 25, 2002, and March 26, 2002. Despite Applicant's repeated assurances after Attorneys' letters that a check was in the mail, no payment was ever made. Continuing representation will result in serious economic loss to Attorneys. There are no outstanding actions in this application. Accordingly, Applicant will have sufficient time to obtain other representation. M.P.E.P. 402.06.

1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:**CORRESPONDENCE ADDRESS**☐ Customer Number

OR

Place Customer Number
Bar Code Label here

| | | | | | |
|---|----------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Leah Nelms | | | | |
| Address | Health Screen America | | | | |
| Address | 7818 Phillips Highway, Suite 201 | | | | |
| City | Jacksonville | State | FL | ZIP | 32256 |
| Country | U.S. | | | | |
| Telephone | 904-346-4400 | Fax | 904-346-3600 | | |

☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 23,557

This request is enclosed in triplicate (including any attachments).

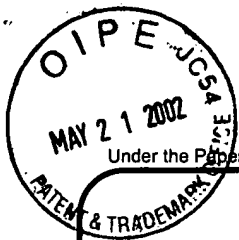
Name Christine Q. McLeod

Signature

Date 5-8-02

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/21 (08-00)
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Applicati n Number | 09/852589 | |
| | Filing Date | 05/10/2001 | |
| | First Named Inventor | Fey | |
| | Group Art Unit | 2164 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | HSA-102XC1 |

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| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---------------------|
| Firm or Individual name | Christine Q. McLeod |
| Signature | |
| Date | 05/08/2002 |

| CERTIFICATE OF MAILING | | | |
|---|---------------------|------|------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 05-08-2002 | | | |
| Typed or printed name | Christine Q. McLeod | | |
| Signature | | Date | 05/08/2002 |

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